

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



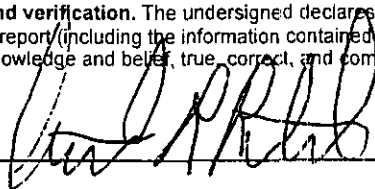
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>25446</b>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Anthony R Bartels  P.O. Box, Bldg., Room No., if any  Street N2128 Tri County Rd  City Columbus  State Wisconsin ZIP Code + 4 53925	4. Name, file number, and address of labor organization.  Name IBEW Local Union 965  Labor Organization File Number 041-087  P.O. Box, Building and Room Number, if any  Street 1602 S. Park Street Room 220  City Madison  State Wisconsin ZIP Code + 4 53715
5. Position in labor organization. Assistant Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name Adams-Columbia Electric Cooperative  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 70  Street 401 East Lake Street  City Friendship  State Wisconsin ZIP Code + 4 53934	7.a. Nature of Interest, Transaction, or Income.  Shares in Cooperative  7.b. Amount.  \$1,336

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 4/24/06 Date 608 259 2400 Telephone Number

